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ORIGINAL ARTICLES.

Movable Kidney—Local and Remote Results.

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Read at the Thirty-first Annual meeting of the Kansas Medical Society, Topeka, May 12-14, 1897.

Any tumor or organ in the abdominal cavity capable of being moved over a large and unnatural area is designated as a floating or movable tumor or organ, according to its range of mobility and relation to the peritoneum. The organ most frequently found so displaced is the kidney. Those engaged in abdominal work are frequently asked why there are so many cases of movable kidney today, when a few years ago it was rarely heard of. The modern diasnostic technique, late and correct interpretation of manifested symptoms have led to the correct location of the cause, hence the seemingly greater prevalence of this condition. It is an extremely common one.

Many women, no doubt, are about our streets with kidneys on the brink of the true pelvis, and that, too, without a single disturbance, yet the greater majority sooner or later present the "movable kidney syndroma" in a more or less pronounced degree.

It is stated that one out of every five patients examined has a movable kidney. I believe this rate too large, especially if that implies a displacement of pathological significance.

Undoubtedly it occurs with greater frequency in women, but not with the relative frequency of twenty to one, as some writers would have us believe. While the rapid absorption of fat and laxity of the abdominal muscles from or following pregnancy are fruitful sources of a displaced kidney, added to which is the pressure of the corset against the liver and that, in turn, against the kidney, all aids in displacing a woman's kidney, this not occurring in man. It must be remembered that the abdomen of fifty women are examined for every one of men, and that many a movable kidney is discovered by accident, and not because the individual presented symptoms directed to the kidney as their source. It remains a fact, however, that the condition is more frequent in women than in men.

While the floating kidney is freely movable, all movable kidneys are not floating. The former is congenital, and is extremely rare. With all its mobility it does not, as as rule, give rise to the usual distressing symptoms of the acquired mobility. The congenital form of movable kidney moves freely about in the abdomen, with its long pedicle, as well as the kidney, covered by peritoneum, its serous coverings permitting it to glide about among intestinal coils with little or no resistance, its pedicle adjusting itself to the surrounding ducts, vessels, etc., thus it is not as likely to become obstructed as if the mobility was of recent origin. In the great majority of cases the movable kidney is healthy.

The right kidney is most frequently displaced. This, also, is a condition found oftener in women than in men. Gall stones and distended gall bladders are found in women six times as often as in men. Recognizing this fact it is reasonable to presume (and it is a fact) that there exists a causative relation between these conditions.

Any mechanical obstruction to the free outflow of the bile must of necessity induce changes in this fluid retained in the gall bladder favorable to the deposit of its salts and the production of stones. Tight lacing and movable kidney are the factors most frequently found in the production of this defective bile interchange in the gall bladder. In a number of my cases it has been a hard question to determine whether the distended gall bladder or the movable kidney was producing the most distress or demanded the earliest surgical interference.

Mrs. J. C. J., aged 42. Nullipara. Three years ago had both uterine appendages removed. Later was operated on for a post operative hernia. At the time I first saw the case she presented the usual train of symptoms of a movable kidney. By the way, these were the symptoms she complained of most before her first operation. She was greatly emaciated, and had well marked Dietel's crises, and accompanying these attacks she usually became slightly jaundiced in addition to presenting uræmic symptoms, as headache, nausea, pains in limbs, etc. On examination I could make out the outlines of the kidney freely movable, and in addition the gall bladder could be felt enlarged and slightly painful on firm pressure. The enlargement of the gall bladder could be made to disappear in a measure, showing that there was not a permanent or complete obstruction of its duct. That no further mistakes be made in her case I made a small anterior opening over gall bladder and explored it and its duct for stones, but none were found. This incision was closed, and the usual lumbar incision made, and the movable kidney anchored with three silk sutures to the facia and muscles. Since the operation all her gall bladder symptoms have disappeared, and her appetite, digestion and assimilation have greatly improved, and she writes me that she feels better than she has for years.

In her case the pedicle of the movable kidney produced a partial obstruction of the common and cystic ducts, hence the gall bladder symptoms.

Fenger, in a recent article, recalls the statement made by Landau and Ferrier that "The descent of a movable kidney is the cause of that form of hydronephrosis having its origin in a bending of the ureter, the bending of the ureter taking place at its junction with the pelvis, as at this point the ureter is held against the posterior abdominal wall by strong connective tissue, and does not follow the kidney." The hydronephrosis is first temporary, then permament, according to the obstinacy of the bend in the ureter to the intra kidney pelvic pressure. The fluid is usually aseptic, but often in the progress of the case it becomes septic. (Pyonephrosis.)

Dietel's crises in movable kidney are due to a twist in the pedicle. The attacks are characterized by attacks of nausea, severe pain, diminution of urine, temporarily, followed by a polyuria. These occur at irregular intervals for an indefinite period. The attacks simulate renal colic, but can usually be diagnosed from that condition by the absence of blood in the urine, and pain passing down the ureter with the descent of the stone.

In or following these crises (Dietel's) the patient suffers from more or less headache, foul tongue, vomiting, and other symptoms of uræmia.

In any disease of the kidney that leads to a retardation of the elimination of the products of metabolism the stomach, in its endeavor to perform this function excretes this product, and acts as a self-poison to its normal function, as manifested by nausea, vomiting, pain, and other dyspeptic symptoms. These symptoms are often mistaken for those accompanying primary disease of the stomach. They may be present without the kidney being involved by any pathologic changes, as from a movable or floating kidney. Dilation of the stomach and movable right kidney are associated in 55 per cent. of the cases of gastrectasis. Osler seems to think this a mere coincidence, but I believe that any condition associated with another in so large a per cent. of cases must have some causal relationship with the other.

During the attack in which the pedicle is

constricted or twisted a rapid increase in the size of the mass is noticed, this enlargement being due to a hydronephrosis and increased vascular engorgment. Much the same phenomenon in this respect is noticed in a twisted ovarian cystoma pedicle, except that in the former there is a physiological fluid being poured into the enlargement. A diagnostic point as to whether the symptoms are due to stone or a twisted pedicle is that as a rule the pain is not relieved in the latter by assuming the recumbent posture or by replacing the misplaced organ if detected in an abnormal position. In movable kidney with the subsidence of the symptoms of Dietel's crises the urine is not bloody as a rule. It may even be a limpid and of a low specific gravity. These symptoms of torsion may, if the bending or twisting of the pedicle be firm enough, assume a most alarming character. A patient with strangled ureter and renal vessels will present symptoms of shock or collapse in proportion, as a rule, to the completeness and duration of the strangulation. The alarming symptoms disappear quickly if the kidney is replaced, differing in this respect from all other suspected conditions that may produce very similar symptoms pointing to that locality as their source. A movable kidney is often detected by the careful diagnostician when it would escape the notice of one not systematic in his work, and it is from this reason that I think this condition is discovered so frequently by those devoting special attention to abdominal and gynæsic surgery. We should be cautious in making a diagnosis of movable kidney in a patient slightly advanced in years who presents symptoms of gastric disturbance, as these symptoms are diagnostic of a pyloric cancer, as well as movable kidney. Especially should extreme caution be used in the physical examination, as an early malignant pyloric growth may be found freely movable at or below the umbilical leaven. The usual history of changed gastric secretions, especially those vomited, age of patient, pain on taking food, and character and persistence of pain are sufficiently diagnostic to point to the stomach as their true source. Gall bladder enlargement must be eliminated. This is best done by noticing that the enlargement cannot be made to disappear under pressure, and that it is at the gall bladder site, at the edge of the liver. Absence of tympanitic resonance in front of the bladder is usual with the movable kidney. If the gall bladder is freely movable its pedicle will be found attached at the diagnostic point. Its movement with the breathing will be synchronous with that of the liver and diaphragm. Symptoms of gall bladder pathology will be found in the case, such as biliary colic, differing very much in severity from the pain of movable kidney, even where the gall duct is compressed enough to produce jaundice. A marked feature of the jaundice when present, and due to a movable kidney, is that it is not intense, and is of a transient and recurring character, with an absence of the usual symptoms of a gastro-duodonitis. In many of these cases in thin subjects, (and they are usually emaciated,) the kidney shape of the suspect is easily made out, and occasionally the renal artery can be felt pulsating at its entrance into the hilum of the organ.

If the displaced organ is anchored at the time of the examination, a history of inflammatory attacks in that locality can usually be elicited. The colon resonance is usually to the inner side or in front of the kidney. The corset lobe of the liver may be misleading, but its continuance from lower border of liver both on palpation and percussion (dullness) and the thin, sharp edge are characteristics belonging to this rare condition that are sufficiently diagnostic.

Cancer of the head of the colon in its early history, or before its extension to surrounding organs anchors the cæcum, may easily be mistaken for a movable kidney, if the examiner is not thorough in his diagnostic resources. A cancer in this locality is usually accompanied by pain of a different character from that of movable kidney, being more continuous. Gaseous and fæcal obstructive symptoms are usually present. One symptom alone, when present, is almost diagnostic in its importance. I refer to the

alternating increase and diminution of the size of the growth, and the slight changing of its location during the examination of the mass, this being brought about by the vermicular intestinal movements and relative quantity of gas present in the cæcum.

Long axis of kidney is generally vertical, and the kidney shape can usually be made out. Kidney resistance is greater than that of gall bladder or other fluid enlargements.

An elongated fluid tumor in line of the ureter, that comes and goes, is always a hydro or pyo-nephrosis. The urinary analysis and ureteral cathergation will assist in making a correct diagnosis.

Fæcal impaction or foreign bodies in colon may be misleading in their appearance, shape, mobility, consistence and history; but a close inquiry into the history will usually reveal an absence of many of the diagnostic symptoms of movable kidney, and the presence of indications pointing to the colon as their source. On physical examination foreign bodies in the colon will not have the same range in mobility, will not cause symptoms to disappear by pushing the mass up under the liver, and if the body can be moved in the gut it does not return to its original site on assuming the erect or other posture. The sensations of faintness and pain are not produced by handling an intestinal mass. There will be no history of transient enlargement in the mass during the menstrual period, as is often the case in movable kidney.

A movable kidney may be mistaken for an appendicular abscess or inflammation of the appendix. Fenger reports such a case as occurring in his practice years ago, before the pathology of appendical disease was understood. Appendicular disease occasionally runs a mild course without any elevation of pulse or temperature. This, and the location of the pain, especially if the appendix is post cæcal, may be very misleading, but here, as in all abdominal diagnoses, the history must give way to the physical examination, and the deduction as to the location and character of the pathology principally made from the latter. If all abdominal diagnoses were governed by this rule fewer mistakes would be made, and the necessity for exploratory openings would be less frequent in the hands of men who should be diagnosticians as well as mechanics. A careful diagnostician and good pathololgist will not, as a rule, have any difficulty in differentiating a movable kidney from appendicular disease.

In two of my cases a cramping in the muscles on the plantar surface of foot was a marked symptom, and cannot be explained on the theory that systemic uremia poisoning produced the spasms, as in both cases the kidney function was not perceptibly impeded in the least.

The spinal and sympathetic anastomosis is the most acceptable. In both cases these symptoms disappeared after a nephrorrhaphy.

On pressure a sickening pain is produced, very similar to that made by firm pressure on the ovary or testicles. A sensation similar to that produced by shooting a plum seed from between the fingers may be elicited by the examiner by grasping the organ between the two hands, and pressing them firmly together.

I have noticed in a number of instances that during the menstrual period the kidney enlarges slightly, and becomes more painful and the attacks of nausea and general nervousness are more pronounced. The pain is increased by exercise, and is felt in the side affected, often shooting down the inner side of the thighs. A loaded colon, or even a gaseous distension of this bowel, increases the pain. The pain, is often referred to the bladder, urethra labia majora, thighs and to the inner side of the knee.

In one case the mobility was accompanied by a throbbing in the region of the abdominal aoreta, and this vessel's impulse was so plainly felt that an aneurism was suspected, and added to the throbbing an indistinct bruit, the resemblance to an aneurism was indeed very striking. While examining this case, having felt the pulsating of the aorta, and the seeming enlargement of the vessel at that location, on pressing the kidney into its natural position, it was

noticed that the pulsation diminished very much, and the decrease in the size of the pulsatile enlargement was very perceptible. I cannot offer any other explanation of this phenomenon than that the aorta with the vena cava was pulled out of its "bed" or that a slight kinking produced a partial constriction of the aorta (or more likely the vena cava), and a dilatation above or below the point obstructed.

The origin of the right renal vessel is in close contact with the right abdominal brain above, and below the superior and inferior renal plexus are found. It is only necessary to recall the close and free union of the sympathetic branches with the spinal (as the external cutaneous and genito crural) to understand how and why a kidney dragging on its pedicle may produce pain and uneasiness along the distribution of the filaments of these nerves. A pain referred to the region of distribution of the lower sacral and coccygeal nerves has been quite a frequent symptom in a number of my cases of movable kidney. While the symptoms of movable kidney may be of great assistance in diagnosing these cases, they are not of sufficient significance to be designated pathognomonic. One symptom in particular is of diagnostic import. That is the usual relief of the pain, dragging and uneasiness on assuming the recumbent posture. This is due to the assuming of its natural position by the displaced organ.

In cases in which transient and recurring jaundice is a marked feature, the question may arise as to whether or not the cholæmia be due to a pressure on the duct from without by the taut vessels or to a gall stone in the common duct acting as a ball valve. In arriving at a conclusion the fact must be recalled that in gall stone jaundice due to a ball valve stone in common duct, there is almost invariably an elevation of temperature at the time, frequently preceded by a chill, due to the absorption of septic material. The presence of a stone in the duct near its entrance into the duodenum, usually results in the establishment of an avenue of absorption, and it is just at this locality that lymphatics abound most plentifully. A movable kidney may at the same time be a suppurating kidney, and in that event the elevation of temperature as a diagnostic helper would lose part or all of its value; but it must be remembered that in a suppurating kidney a history of pyuria can always be obtained, where the ureter is patent. If the ureter is occluded then the kidney tenderness, enlargement, and persistence of temperature are diagnostic of kidney infection as compared with gall bladder absorption.

Many cases do not demand any interference, as all cases of movable kidney are not accompanied by symptoms of any significance. I have very little faith in the promise of any external mechanical support or device for holding the organ in its normal position.

The operation (nephrorrhaphy) for the replacing and holding of the kidney in its natural position offers the greatest prospect of a permanent relief of the symptoms and a restoration of the patient's former good health. Where this fails, with repeated efforts, or where the organ is diseased, the question of removal (nephrectomy) is to be considered.

I believe that all are agreed that the extra peritoneal operation is the proper one to perform, unless there exist other complications, intra peritoneal, demanding an investigation or operation, or where the diagnosis as to the exact or all of the pathology is in doubt. When the peritoneum has been opened in front, and the true state determined in the doubtful cases, it is best even here to close the anterior incision and anchor the organ through a lumbar opening.

Deductions—1. A movable kidney often produces a dilated stomach, with all the accompanying symptoms of a disease of the latter.

2. It is a fruitful source of gall stones, by the pedicle producing a partial obstruction of the common duct.

3. The bending of the ureter often gives rise to a hydro-nephrosis. This, in turn, is sometimes converted into a pyo-nephrosis.

4. It may produce death by a complete strangulation, by a torsion of the vessels

and ureter.

5. By dragging on the abdominal aorta, and kinking of the vena cava, a condition simulating an aneurism of these vessels may be produced.

6. Pain of a referred character to the region of distribution of the spinal nerves is often induced by a movable kidney's disturbance of the abdominal brain.

7. A general nerve exhaustion (neurasthenia) is frequently induced by this condition, interfering with digestion, assimilation and elimination.

8. Nephrorrhaphy is a safe and effective surgical procedure.

9. All cases of movable kidney, if accompanied by symptoms pointing to the kidney as their source, should be operated upon.

10. In summing the local and remote results of this now often recognized condition, I think the correctness of the deduction has been often demonstrated by the disappearance of each and every symptom after a restoration and retention of the kidney to its normal position.

11. Symptoms are not to be relied upon in making a diagnosis of movable kidney. The physical examination is the only trustworthy guide.

The Treatment of Laryngeal Tuberculosis with Cubric Intestinal Cataphoresis.

Medicine.

In relating the advantage of direct laryngoscopy in this method of treatment Dr. Scheppegrell, of New Orleans (*Medical Record*), describes the principle of cataphoresis and his mode of applying it to the larynx. He uses spherical bulbs of pure copper, one-eighth to one-fourth inch in diameter, attached to an insulated handle. These bulbs connected with the positive pole, are applied directly to the tissues, and a current of two to five milliamperes used for three to ten minutes, the sitting being repeated every two or three days. A dispersing electrode connected with the negative pole is applied to the back of the neck. The copper in contract with the tissues is electrolized, and the oxychloride of copper which is produced passes into the tissues. It possesses marked microbicidal properties, and stimulates the tissues to a healthy reaction. He then explains the great advantages of Kirstein's method of direct laryngoscopy in this method of treatment.

The author has found the following advantages from the application of cupric electrolysis:

1. There is no real destruction of the tissues, and no laceration of the surfaces which might form a point of entrance for new pathogenic germs for reinfection. The cure is effected by the reaction of the tissues in the same manner that we often see specific lesions heal when the system is under the influence of mercurials.

2. In the cases which he has treated with this method there has been absolutely no reaction or hemorrhage following the application—a point of great importance with tubercular patients.

3. This method does not demand the high degree of manipulative skill required for curettement and the electro-cautery in the larynx, and is especially simple when direct laryngoscopy can be used.

4. This method is applicable to all cases of laryngeal tuberculosis.

The clinical history of three cases in which this method was used with satisfaction is then given. In the first two cases the ulceration was cured and the infiltration diminished, but the patient succumbed to the advancing pulmonary disease. The third case, in which no pulmonary disease could be detected, but in which the bacilli of tuberculosis were found after repeated examination of the sputum, and in which the clinical signs of tubercular laryngitis were very marked, the arytenoid fold and left ventricular band, was cured after eight weeks, and has remained so for six months.

DR. EUGENIA METZGER has returned from an extended trip in Europe, and located in Kansas City, Mo.

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Topeka, Kansas, Saturday, July 31, 1897.

THE development of any new country awakens the interest of the American more than any other people and especially is this so when it is a part of their own territory or is tributary to it. The great enthusiasm connected with the gold discoveries in the Klondyke region has probably for a time overshadowed the development of other regions, which will probably become more important factors in the history of the people and the importance of the nation. Every new country or every new section of country is naturally considered from every standpoint, its fertility, its mineral or other products, its climate and the relation of its soil, climate and water to the maintenance of health, and in these latter days the importance of the latter is being more demonstrated in the permanent settling of new country. We have all been entertained and delighted with sketches of the easy, luxurious life in the ante-bellum days of the South. We have all been disappointed and disheartened when during the last quarter of a century we have seen the dilapidated mansions, the broad plantation acres in weeds and brush and a careless ignorance supplanting that old southern grace and chivalry of which we read. The change has been but one of the results of certain conditions, and only in recent years has it been possible to introduce sufficient energy and capital to restore one of the most productive and most healthy sections of our country to its proper place. A trip over the shortest line from Kansas City to the Gulf takes us through a country which well illustrates the possibilities in the way of development. In a few short months villages have grown into towns and towns into cities. The timber is being cut away and the land is blossoming under the hand of active industry. Where there was formerly only idleness and want, there is now activity and business enterprise. The "po' white trash" and the indolent Negro, however, stand around in open eyed wonder, apparently as much astonished as if they had found a perpetual barbecue. As one travels through the great forests and the cypress swamps he cannot help feeling that there is much unhealthy country here and that it will remain so until the hand of civilization has reached further into its recesses. As we near the Gulf and the effect of salt water upon the atmosphere is felt it is like reaching a new world. The hot, sticky, humid air has given way to the balmy invigorating breezes of the Gulf. Refreshed from the long journey and invigorated by the salt water, we reach the seat of what is destined to be the greatest port in the world. This seems no idle dream when we learn that more than twenty millions of dollars have already been expended in the completion of this great project, and that the shortest possible route from the great grain raising States to the Gulf has its terminus at this city of Port Arthur. There are other factors which will make this port a great mart—the great fertility of the soil of 42,000 acres of as yet uncultivated land which immediately surrounds the city; its

perpetual summer with a maximum temperature of 96° and its location upon Lake Sabine, which is 30 miles long and 12 miles wide, and the water in which is salt at least nine months in the year. There are no conditions here which are not conducive to health, and it is fast becoming a health resort. An artesian well has been sunk, and the water is found to contain a large quantity of salines. Good, wholesome, well water is found at a depth of from 18 to 20 feet.

One of the most important features of any great port, from a stand-point of health, is the quarantine regulations. A complete quarantine station is located at the entrance to Sabine Pass, 12 miles below Port Arthur, and here every vessel that enters the pass must be inspected. The possibility of disease being brought to the port is therefore absolutely reduced to a minimum. With such great possibilities, surrounded by such conditions of soil, climate and health, it is not a great stretch of the imagination to foresee at the site of the greatest port in the world, surrounded by the most productive section of country in the world, the largest and most beautiful city in the world.

DR. JOHN MOORHEAD, formerly assistant physician at the Topeka asylum, has located at Neodesha, Kan.

The Motor Function of the Stomach.

Goldschmidt in Munch. Med. Woch.

Author describes a method of estimating the motor functions. Leube and others recommended emptying the stomach at stated times after a test meal to find out whether the contents had disappeared. Klemperer's oil method is open to many objections. The salol test, even as modified by Huber, is not altogether satisfactory. These methods are not adapted for ascertaining the amount of the stomach contents in the various stages of digestion. It is impossible to empty the stomach completely with the tube. It was sought to estimate the remainder by introducing a solution of hydrochloric acid of known strength, so calculating the fluid remaining in the stomach by the dilution the acid solution underwent. Grape sugar has also been used for the same purpose as being more easy of determination. Another method consists in introducing 100cc. of distilled water, and comparing the specific gravity of the fluid drawn off with that of the stomach contents first obtained. The author has investigated this subject in a patient with a gastric fistula. After expressing the stomach contents he introduced 50cc. of distilled water and again expresses. Both specimens are filtered. As many c. cm. of distilled water are added as will produce the specific gravity of the second filtrate. The number of c. cm. added will represent the amount of fluid left in the stomach after the first expression. The temperature of both fluids must be the same. The author's investigations have shown this procedure to be accurate, and it is very simple.

THOSE who wish to investigate the climatic conditions of the new Gulf country, or who wish to invest in real estate that will pay a big per cent. on the investment, will learn much to their advantage by writing Moffett & Edwards, New York Life building, Kansas City, Mo. Excursion rates to Port Arthur and return, with sleeping car accommodations, $24.10.

Pleasure Without Other Sensations.

New York Medical Journal.

E. W. Scripture, Ph.D. (Leipsic), of Yale University, has sent us the following: "While exploring the sensations of various parts of the body about a year ago, I chanced to notice a phenomenon of which I find no mention in the various physiologies and psychologies. I submit the brief statement in the hope of learning if any one has previously made a similar observation as if the fact which I have repeatedly observed can

be confirmed by physicians who have the possibility of testing large numbers of patients. The observations may be summed up as follows: Whereas the surface of the glans penis is moderately sensitive to the pointed end of a toothpick, and responds strongly to the point of a pin, the mucous membrane around the orifice of the urethra is absolutely lacking in sensations of touch in either case, although strong pressure with the point of a pin will cause pain. There is, however, another sensation aroused by the application of any object to this mucous membrane—namely, that of pleasure—which increases directly with the degree of erection. The confirmation of this observation would establish the hitherto unrecognized fact of the separate existence of pleasure as an independent sensation, a fact of considerable importance in the psychology of feeling."

Free Public Baths.

The Sanitarian.

The public authorities of Brooklyn and several other cities of the State of New York have need to be again reminded of the mandatory act of the Legislature signed by Gov. Morton, April 19, 1895, as follows:

Section 1. Chapter 473 of the laws of 1892, entitled, "An act to establish free public baths in cities, villages and towns," is hereby amended so as to read as follows:

"All cities of the first and second classes shall establish and maintain such number of free public baths as the Local Board of Health may determine to be necessary. Each bath shall be kept open not less than fourteen hours for each day, and both hot and cold water shall be provided. The erection and maintenance of river or ocean baths shall not be deemed a compliance with the requirements of this section. Any city, village or town having less than 50,000 inhabitants may establish and maintain free public baths, and any city, village or town may loan its credit or may appropriate of its funds for the purpose of establishing free public baths."

This act shall take effect immediately.

Yet New York and Buffalo are the only cities which have complied with this law, and these but very insufficiently. Surely there should be some way of compelling our city authorities to comply with the laws of the State; above all, with laws such as this one, so necessary to the comfort and health of a large proportion of the people.

The delinquency of American cities in this respect generally was admirably shown in an address on "Public Baths in Europe," before the Social Science section of the Twentieth Century Club, Boston, on the evening of April 7, by Dr. Edward M. Hartwell, who spent the summer investigating the public bathing establishments in the leading cities of Europe and Great Britain, gathering information to be embodied in an official government report.

His talk was rendered comprehensive and interesting in the highest possible degree by means of stereoptican views, embracing photographs of the exterior and interior of many baths, as well as architectural plans of many.

Dr. Hartwell showed that America is far behind several of the nations on the other side of the ocean in the matter of public baths for cleanliness, as he did not include the ordinary floating bath houses for summer use in that category.

He stated that nearly fifty years ago public bathing establishments were advocated in Boston by prominent citizens, and committees were appointed in the interest of the scheme, although the moving spirits were so far ahead of their time that nothing came of the project.

He said that the taste for personal cleanliness is a modern one, and has come through the congestion of population in large cities, and purely on account of hygienic considerations. The lecturer showed that the baths of Germany are superior to any others in the world, the English, until recently, being indisposed to see the possibilities of improving on some of their old-fashioned notions, or to benefit from the experiments on the Continent. Thus the English devote more space and more financial outlay to the swim-

ming and the tub bath, while the Germans have carried the shower, or rain bath, to a high state of perfection.

The rain bath the speaker endorsed as the most desirable from the standpoints of cleanliness and economy, it being possible to afford accommodation for the largest number at the smallest outlay by this method. It is the rain bath which will be placed in Boston's first bath house on Dover street.

He asserted that the German bath houses, many of which are very fine architecturally, are on a paying basis, although the individual charge for a bath is only the equivalent of two and a half cents in American money. And, moreover, in those cities where baths for adults are most common, it is the custom to have rain baths in the school houses for the pupils, and notwithstanding that the time for the bath is taken from regular school hours, it is found that nothing is lost in study, the refreshing and tonic effect of the baths compensating for the loss of time.

One bath house in Europe, which cost, including all the fixtures, $40,000, accommodates 500,000 bathers annually, who pay less than three cents each for their bath and yet support the establishment.

He quoted one ward in Boston, 89 per cent. of the people of which live in tenement houses, and 99 per cent of these tenement-house dwellers have no bathing facilities. A bath house with adequate rain baths in that ward, he declared, would be of great benefit, not only to the ward, put to the whole city in an indirect way.

The English build good bath houses at an expenditure ranging from $40,000 to $200,000, and the lecturer commented on the fact that the land alone for Boston's new bath house cost $50,000.

The Local Treatment of the Regional Forms of Eczema.

Journal of Cutaneous and Genito-Urinary Diseases.

Dr. Louis A. Duhring (*American Journal of Medical Sciences*, April, 1897) says that while the two distinct modes of therapeutic, internal and external, are of great value, it is quite possible to cure the disease by applications alone. According to its minute anatomy, different regions of the skin call for varied remedies and methods of application. The variety of eczema and the stage of the process have important bearing. Certain regions exhibit a predeliction for more or less constant clinical types, the face, in adults, for example, for the erythematous form.

Eczema of the Scalp—Eczema is usually scaly (pustular and crusted, in children) here, chronic and stimulating remedies are usually demanded. In pustular disease, crusts are to be removed with a bland oil, followed by soap and water and a mild salicylic acid salve. Ichthyol and a weak sulphur ointment are sometimes useful. Soaps are not usually efficacious. In adults, the disease occurs in scaly spots which itch and are consequently excoriated. Tar, in the form of the tincture is useful, but must not be too strong, 15 to 20 minims to the ounce of water is sufficient. Pix liquida in ointment may be used instead, or ol. rusci in olive oil. Calomel and white precipitate (20 to 80 grains to 1 ounce) are recommended. Obstinate cases of moist eczema are benefitted by applications of a 1 to 5 per cent. silver nitrate solution, followed by a soothing salve. Begin with preparations so as not to aggravate the disease.

Eczema of the Face—Erythemato-vesicular, erythematous, subacute, acute or chronic are the forms oftenest seen. Boric-acid lotion acts well. On the forehead, when the skin is thickened, camphor may be used in this form:

Camphor, ½ dr.
Emplast, plumbi, 3 drs.
Petrolati, 3 drs.
Ol. olivæ, 1 dr.

A mucilage of tragacanth gives a cooling sensation. Lotions are especially indicated, zinc oxide with lead water, zinc oxide and lime water, boric acid. Lassar's paste with salicylic acid, resorcin, or carbolic, is invaluable. The last should not be used on hairy parts.

Eczema of the Lips—Disease here is very rebellious. It may be quite acute, but is

usually scaly and fissured. Depending on the stage, lotions or strong stimulants (silver) may be applied, while hygiene is not to be neglected.

Eczema of the Lids—Blepharitis is usually eczematous. Aside from general measures, local asepsis is insisted on (bichloride solution, 1-10,000, or silver). A good ointment consists of:

Lanolin, 3 drs.
Ol. amygdal. dulc, ½ dr.
Water, ½ dr.

Eczema of the Beard—Lotions, pastes, plasters and ointments, especially those containing mercury and sulphur in small quantity are useful. Salicylic plasters (2 to 5 per cent.) should be worn day and night, when practicable, the face shaved every other day.

Eczema of the Ears—Local treatment is difficult. Salves are more serviceable than lotions, e. g., Lassar's paste with salicylic acid, tar or calomel. Fissures should be touched with silver nitrate.

Eczema of the Trunk, Thighs and Arms—The eruption is apt to be symmetrical, diffuse and in the form of erythema, papules or vesico papules. The back, hip and thigh are favorite seats. In acute stages the lotions and powders are to be used, later, when scaling, the pastes. Beneath the breasts, in the groins and axillæ, a tannic acid or weak sulphur paste is serviceable.

Eczema of the Genitals—The scrotum and labia are chiefly attacked, and the disease is most refractory. Pruritus and glycosuria must be excluded. Strong applications:

Tar ointment, 1 oz.
Calomel, 1 dr.
Carbolic acid, 15 grs.

are indicated in chronic scrotal disease. Tincture of tar, Vleminckx's solution, potassa, etc., are better tolerated than harsh measures elsewhere. They should be followed by a soothing paste or powder. On the genitals, eczema is often neurotic, and demands suitable general treatment.

Eczema of the Anus—The diagnosis from pruritus is of importance. Inspection must be insisted on, piles, excoriations and fissures treated. Hot-water applications, followed by lotions or ointment, gives good results often in cases which have resisted heroic remedies. This formula is recommended:

Sulphur, 40 grs.
Naphthol, 20 grs.
Morphine, 2 grs.
Zinc carbonate, 1 dr.
Cold cream, 1 oz.

Care must be taken in selection of a base, as certain ones act well where others do not. Almost all cases are curable by a combination of internal, general and local treatment.

Eczema of the Nipples—Usually only one is attacked and the disease circumscribed about it. Vigorous treatment is well tolerated, and may as well be employed first as last. Possibility of Paget's disease should be borne constantly in mind. If the latter is vigorously attacked in the beginning, an operation may be saved.

Eczema of the Leg—The acute form have here a tendency to pass into deep-seated eczema rubrum or madidans. The stage depends on the age and condition of the subject, venous stasis, scratching and local infection. Black wash acts well in the weeping stages. Plasters are an improvement over inunction whether the patch is wet or dry. Unna's plaster mulls are useful but difficult to obtain. This formula can be made up anywhere:

Liquefied soap plaster (U. S. P.) 90 parts.
Olive oil, 10 parts.

As a base, it may be combined with a variety of drugs. The stiffer the plaster the less frequently need it be changed. When salicylic acid is used, less olive oil is put in, as the former's action is softening. Soft soap and water, followed by diachylon ointment are referred to, in connection with ecz. rubrum. Potassa will remove verrucous thickening. The rubber bandage frequently aggravates the disease. The glycerin-gelatin preparations are of particular service in dispensary practice. Ichythol especially combines well with them.

Eczema of the Hands—The feet and toes are less commonly attacked than the hands.

A multiform eruption is quite usual and fissuring apt to occur. The subjects are often neurotic as they are in cheiropompholys. Calomel salve may be gently rubbed in three times a day. Tar and diachlon are serviceable. On small patches, tar with compound tincture of benzoin or collodion may be applied as a continuous dressing. Rubber gloves are not viewed with favor.

Eczema of the Palms and Soles—The process is almost always chronic, the skin being fissured, thick and scaly. Both hands or both feet are simultaneously involved, rarely all four surfaces, Their obstinate rebellion to treatment is proverbial. Tar and carbolic acid are not well tolerated. Mercury, ichythol, resorcin and sulphur act better. Epidermic thickening should be removed before treatment begins. The efficacy of salicylic plaster is well known, and its emolient effect is of importance, particularly in the case of the soles. The same laws which make syphilis here obstinate to treatment, hold for eczema as well, and make the employment of general measures necessary.

Remarks on Spinal Irritation.

The following is an abstract of an interesting article by Hugh T. Patrick in the July issue of *Medicine:*

The pain and tenderness along the spine commonly known by this name have nothing to do with the spinal cord or its membranes or with the spinal column, except that these structures happen to be beneath the dorsal surface. To explain that some organic diseases of the spinal cord and its membrance as well as lesions of the vertebræ are attended with pain and tenderness in the back were a work of superrogation. Few would group outspoken cases of this character under spinal irritation; but still there is a tendency to consider the pain and sensitiveness along the spine that are so exceedingly frequent in nervous people as a morbid entity, or at least a distinct unit in the group of conditions that constitute a case of neurasthenia, hysteria or hypochondria, or they are considered as an added element—a complication of the case.

My principal object in presenting the subject is to insist that so-called spinal irritation is not due to congestion or anemia of the spinal cord; to a state of altered nutrition in the cord; to a neurosis of the spinal arteries; to a thickening of the spinal membranes; to exhaustion of the gray matter of the chord; to an affection of the nerve trunks; to thickening or irritation of the vertebræ; to irritation of the spinal ganglia; or to any other permanent condition or process in the back whatsoever. In registering this protest against an impossible nosology and one that was always gratuitous, I shall support it by calling attention to only one trait of one symptom—namely, a rapid shifting of the tender points. These hyperesthetic spots are sufficiently familiar to every one. Some authors state that they are most frequent over the lower cervical spine, others find them oftener in the dorsal, and others again in the lumbar or lumbosacral region. As a matter of fact no point from the external occipital protuberance to the tip of the coccyx is exempt. Sometimes they are directly over the spinous processes, sometimes at the side of them—it depends almost entirely on accident or the examiner. There may be sensitiveness along the entire spine; then there are places of maximum tenderness. The sore points are notoriously inconsistent in degree of tenderness and in location, but it seems to be not generally known that the patient can locate them only about as accurately as a well person can locate a spot on his back previously touched. If a normal person is stripped and any given spot on the back is firmly pressed with the finger or the rubber tip of a pencil, after five or ten minutes he will ordinarily be unable to indicate exactly where the spot is: in other words, the healthy senorium, or the normal function of reception and recognition of sensory impressions, is accurate only within certain limits.

Now to pass to the pathological condition under consideration. Having definitely determined—as gently as possible—that cer-

tain points are decidedly more sensitive than the surrounding area, they are lightly marked with a soft pencil and an examination is then directed elsewhere—chest, abdomen, extremities, etc.—for five or ten minutes. The same procedure of locating the painful places is then repeated, and it will ordinarily be found that the tenderness has moved up or down and the point formerly tender will now be no more sensitive to pressure than its surrounding area. The tenderness could not be due to anything abnormal at the place of "irritation" (*i. e.*, the tender spot), else pressure the second time on the same spot would be just as painful as the first time and, furthermore, we cannot possibly suppose a pathological condition to have developed within the short space of five or ten minutes at the place to which the hyperaglesia shifted—*i. e.*, the second painful point. The reference is inevitable that the pain on pressure is itself due to the perverted mechanism of senory reception and registration in the bran or what is much more likely, to a perverted reaction of still higher centres—constituting a viciuus consciousness. As a study of the particular psychic process involved would be trenching upon topics beyond the daily wants of the general practitioner, it shall not now concern us. The dicta, not entirely without exception, which I wish to enunciate are:

1. In so-called spinal irritation there are tender points along the spine.

2. These points can be definitely located.

3. It can be shown that they absolutely change position within five or ten minutes.

4. Such shifting demonstrates that the disease, so far as the tender points are concerned, is entirely functional and located no lower than the cerebral cortex.

The Imperial Granum Company.

The Pharmaceutical Era.

It is with pleasure we notice in these pages the manufacture of an article of prepared food which has proved itself a boon and blessing the world over to infants, children and nursing mothers, to invalids and convalescents, and to aged persons. We allude to that monarch among dietetic preparations, Imperial Granum, as prepared by the Imperial Granum Company at their laboratory in New Haven, Conn. "It is not a stimulant nor a chemical preparation; but a pure, unsweetened food, carefully prepared from the finest growth of wheat, on which physicians can depend in fevers, and in all gastric and enteric diseases. It is easily digested, nourishing and strengthening, assists nature, never interferes with the action of the medicines prescribed, and is often the only food the stomach can retain." While good for children in all the varying periods of their existence, it is also invaluable in the sick room. The invalid and the convalescent therefore, owe a debt to the late Mr. Edward Heaton, through whom, some thirty-seven years ago, the Imperial Granum was introduced. Mr. Heaton for the succeeding twenty-eight years engaged individually in placing it on the market, with a success on a par with the merits this preparation possesses. In 1888 State corporate charter was secured under the existing trading title. In December, 1894, Mr. Heaton died at the ripe old age of 83 years, mourned by a host of friends as a business man philanthropist and upright, honorable citizen. The Imperial Granum Company, as now constituted, has a cash capital of $100,000, the personnel of the present executive management being as follows: John J. Carle, president and assistant treasurer, of the firm of John Carle & Sons, wholesale druggists, New York, which establishment is also this company's general shipping depot; John E. Heaton, secretary and treasurer, a native of New Haven, and a son of the worthy founder of the house; and Alex. Fulton, Jr., general manager of the manufacturing department. Business operations were primarily commenced in the Parker building, on State street, New Haven; next in the Bishop building, also on State street, and thence to the Atwater building, on Grand avenue, removal being made to the present commodious quarters, which were specially erected for the purpose in 1877. They con-

sist of a substantial five-storied and basement building, admirably arranged for office and, storage, packing, shipping and preparing purposes, equipped with machinery of the latest improved pattern, operated by both steam and electric power, supplies of the finest wheat being procured by the agents of the company in North Dakota. The company has recently purchased the St. John P. E. Church property, corner of State and Eld streets, where it intends to build a much more extensive plant, and one thoroughly suited and arranged for the conducting of the rapidly growing business.

The fact is absolutely unquestioned that Imperial Granum is most favorably regarded by the medical profession, and we repeat the words of commendation given in by one of our New York contemporaries:

"Imperial Granum has stood the test of many years, and has not been displaced by any food yet introduced, while many competing kinds of prepared foods have come and gone, and have been missed by few or none. But this will have satisfactory results in nutrition far into the future, because it is based on merit and proven success in the past."

Among the many letters of approval recently received by the Imperial Granum Company is one from a prominent Southern physician in which he says:

"I have administered Imperial Granum with gratifying results in continued fevers, and in other wasting diseases, and have found that it will often be retained and assimilated when similar preparations are re jected. It has also given me perfect satisfaction as a food for infants."

And another letter says:

"Imperial Granum is my sheet-anchor in typhoid fever."

THE Medical Gazette Publishing Co., of Cleveland, Ohio, announces a small volume soon to be issued with the title "About Children," The author is Dr. Samuel W. Kelley, of the Cleveland College of Physicians and Surgeons. The book will contain six lectures filled with information for nurses, medical practitioners, students and all who have the care of children. Advance orders will be filled in September.

Mississippi Valley Medical Association, Louisville, October 5, 6, 7 and 8, 1897.

The executive committee met recently at Louisville in conjunction with the local committee of arrangements, the following being present: Drs. Stucky, Grant, Mathews, Love, Holloway and Reynolds. It was determined to make the coming meeting the largest and best in the history of the association, and everything points to a fulfillment of this endeavor. The railroads will make a round-trip rate of one and a third fare, or probably one fare. The address on Surgery will be delivered by Dr. J. B. Murphy, Chicago; the address on Medicine by Dr. John V. Shoemaker, Philadelphia. Titles of papers should be sent to Dr. H. W. Loeb, Secretary, St. Louis, Mo.

It Quiets Pain and Promotes It.

Rather a paradoxical statement. True, nevertheless. When pain is useless, then antikamnia quiets it; when it is necessary, the same remedy increases it. This refers to the use of antikamnia in the pain of labor and as a promoter of labor pains.

H. C. Reemsnyder, AM., M.D., of Philadelphia, in a recent article says that whenever there is unnecessary pain in labor he administered ten grains of antikamnia, repeated in two hours if necessary. In this way the pain which annoys the woman without helping her is relieved, while the uterine contractions become more firm, and labor is accelerated.

Dr. R. B. McCall, Hamersville, Ohio, contributes an article to the *Woman's Medical Journal* on this same subject. He says: "In cases marked by unusual suffering in second stage, pains of nagging sort, frequent or separated by prolonged intervals, accompanied by nervous rigors and mental forebodings, one or two doses, five grains each, of Antikamnia Tablets promptly changes all this. Indeed in any case of labor small doses are helpful, confirming efforts of nature and shortening duration of process."

DOCTOR:—Your library is not complete without the *Hypnotic Magazine*. Cost of this handsome monthly, including premium book on "Suggestive Therapeutics" is only one dollar ($1.00) a year. THE PSYCHIC PUBLISHING CO., 56 Fifth avenue, Chicago.